Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | ite level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 07/15/2010 | |

| - | (1) | (2) Annual Premium | (3) Percent | | | |
|-----|--|-------------------------|------------------------------|--|--|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** | | | |
| 1. | Automobile Liability Private Passenger | | | | | |
| | Commercial | \$9,226,358 | N/A | | | |
| 2 | Automobile Physical Damag Private Passenger | | • | | | |
| | Commercial | \$2,758,690 | N/A | | | |
| 3. | Liability Other Than Auto | \$93,726,711 | N/A | | | |
| 4. | Burglary and Theft | \$141,067 | -2.2% | | | |
| 5. | Glass | | | | | |
| 6. | Fidelity | \$1,435,218 | N/A | | | |
| 7. | Surety | \$8,604,247 | N/A | | | |
| 8. | Boiler and Machinery | \$2,564,757 | N/A | | | |
| 9. | Fire | \$9,559,207 | N/A | | | |
| 10. | Extended Coverage | | | | | |
| 11. | Inland Marine | \$44,534,745 | N/A | | | |
| 12. | Homeowners | | | | | |
| 13. | Commercial Multi-Peril | \$30,302,490 | N/A | | | |
| 14. | Crop Hail | | | | | |
| 15. | Other | | | | | |
| | Life of Insurance | | | | | |
| • | Does filing only apply to certain territory (territories) or certain Classes? If so, | | | | | |
| | specify: No | | | | | |
| | | | | | | |
| | Brief description of filing. (If to Organization, specify | dvisory | | | | |
| | organization): | Introduction of a crime | coverage into our management | | | |
| | and professional liability package policy. This package policy will enable multiple fidelity and | | | | | |
| | crime sub-coverages to be packaged together with other professional coverages. | | | | | |
| | lt from application of new | | | | | |

Continental Casualty Company

Name of Company Erica Morrone, ACAS, MAAA Actuarial Director Official – Title

Epack Policy Other Liab

SUMMARY SHEET

| | Change in Company's pre- revision effective 7/1/2010 | mium or rate level produced | by rate |
|------|--|----------------------------------|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois) * | <u>Change (+ or -) **</u> |
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | 22,105 | 0.0% |
| 5. | Glass | | |
| 6. | Fidelity | 123,446 | -15.0% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Brie | es filing only apply to certain territory (to. ef description of filing. (If filing follows | rates of an advisory organizatio | • |
| _A | doption of ISO Designation Number CR-2 | 2009-RLA1. | |
| ** (| Adjusted to reflect all prior rate cha Change in Company's premium level w vill result from application of new rates | /hich | Federated Mutual Ins. Co. me of Company |

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\underline{7/1/2010}$.

| | (1) | (2) Annual Premium | (3) Percent |
|----------|--|--------------------------------------|---------------------------|
| | Coverage | Volume (Illinois) * | <u>Change (+ or -) **</u> |
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | |
| | Commercial | · | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | 8,308 | 0.0% |
| 5. | Glass | | |
| 6. | Fidelity | 61,413 | -15.0% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| Doe N | Line of Insurance es filing only apply to certain territory (t o | erritories) or certain classes? If s | so, specify: |
| | ef description of filing. (If filing follows doption of ISO Designation Number CR-2 | | , specify organization): |
| * C | Adjusted to reflect all prior rate cha change in Company's premium level will result from application of new rates | hich · F | ederated Service Ins. Co. |
| | | Doyle Gla | vice President |
| | | 0 | fficial – Title |